

R430-70-14: CHILD HEALTH.

- (1) No child may be subjected to physical, emotional, or sexual abuse while in care.

Rationale / Explanation

Serious physical abuse of children by caregivers usually occurs at times of high stress for the caregiver. For this reason, it is important for caregivers to have ways of taking breaks and seeking assistance when they are stressed. CFOC, 3rd Ed. pgs. 41-43 Standard 1.7.0.5

The presence of multiple caregivers also greatly reduces the risk of serious abuse to children. Abuse tends to occur in privacy and isolation, and especially in toileting areas. CFOC, 3rd Ed. pgs. 125-126 Standard 3.4.4.5

Corporal punishment may be physically and emotionally abusive, or may easily become abusive. Research links corporal punishment with negative effects such as later criminal behavior and learning impairments. Other inappropriate discipline methods such as humiliation or using abusive language may also be emotionally abusive. CFOC, 3rd Ed. pgs. 70-72 Standard 2.2.0.6, pgs. 75-76 Standard 2.2.0.9

Enforcement

Always Level 1 Noncompliance.

- (2) All staff shall follow the reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation found in Utah Code, Section 62A-4a-403 and 62A-4a-411.

Rationale / Explanation

Reporting of suspected child abuse or neglect is required by Utah law. Suspected abuse and neglect must be reported to law enforcement or Child Protective Services. Reporting suspected abuse or neglect to one's supervisor only does not meet the legal requirement to report suspected abuse and neglect. CFOC, 3rd Ed. pgs. 123-124 Standard 3.4.4.1

See CFOC, 3rd Ed. pgs. 445-448 Appendix M for a list of signs of possible abuse and neglect, and pgs. 449-450 Appendix N for a list of protective factors regarding abuse and neglect

Enforcement

It is acceptable if the caregiver discusses the suspected abuse with the director prior to reporting and the director and caregiver together conclude that it is not abuse. For example, if the director knows about a fall a child had that resulted in an injury and the caregiver does not know about the fall, and suspects the injury may have resulted from abuse.

The Licensee is not in compliance with this rule if suspected abuse or neglect is reported to a company's attorney.

Always Level 1 Noncompliance.

- (3) The use of tobacco, alcohol, illegal substances, or sexually explicit material on the premises or in program vehicles is prohibited any time that children are in care.

Rationale / Explanation

Scientific evidence has linked respiratory health risks to secondhand smoke. No children, especially those with respiratory problems, should be exposed to additional risk from the air they breathe. Young children exposed to secondhand smoke are at risk of developing bronchitis, pneumonia, and middle ear infections when they experience common respiratory infections. CFOC, pg. 63 Standard 2.035; pg. 111 Standard 3.041; pg. 354

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Standard 8.038

The age, defenselessness, and lack of mature judgement of children in care make the prohibition of tobacco, alcohol, and illegal substances an absolute requirement. CFOC, pg. 111 Standard 3.041; pg. 354 Standard 8.038

Enforcement

If tobacco is used when children are in care:

- *Level 1 Noncompliance for indoor use or use in vehicles when a child in care is in the vehicle.*
- *Level 3 Noncompliance for outdoor use.*

If alcohol or illegal substances are used when children are in care:

- *Level 1 Noncompliance if a provider is intoxicated or impaired and transports a child.*
- *Level 1 Noncompliance if a provider is intoxicated or impaired while a child is in care.*
- *Level 3 Noncompliance if a provider or anyone in the facility has been drinking or using an illegal substance, but is not intoxicated or impaired.*
- *Level 3 Noncompliance if another person in the facility is intoxicated or impaired.*

If sexually explicit materials are used when a child is in care:

- *Level 2 Noncompliance.*
- *Level 3 Noncompliance if sexually explicit materials are used in the presence of children.*

- (4) The provider shall not admit any child to the program without a signed health assessment completed by the parent which shall include:**
- (a) allergies;**
 - (b) food sensitivities;**
 - (c) acute and chronic medical conditions;**
 - (d) instructions for special or non-routine daily health care;**
 - (e) current medications; and,**
 - (f) any other special health instructions for the caregiver.**

Rationale / Explanation

Admission of children without this information can leave the center unprepared to deal with daily and emergency health needs of the child. CFOC, 3rd Ed. pgs. 80-81 Standard 2.3.3.1

Food sensitivities can result in minor irritations (rashes, loose stools) whereas a true allergy could cause a life-threatening reaction (anaphylaxis, severe asthma attack, hives, etc.).

Food allergies are common, occurring in between two and eight percent of infants and children. Food allergic reactions can range from mild skin or gastrointestinal symptoms to severe, life-threatening reactions with respiratory and/or cardiovascular compromise. Deaths from food allergy are being reported in increasing numbers. CFOC, 3rd Ed. pgs. 160-161 Standard 4.2.0.10

Enforcement

Records must be kept for all enrolled children, including “drop-in” children.

Parents may list more than one child on an admission form but a separate health assessment is required for each individual child.

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The health assessment form used by the provider does not have to use the specific words "acute" and "chronic," which parents may not understand. This rule is in compliance if the health assessment form has a place to document any medical conditions the child has.

If the center's health assessment has a place to document any food or drink restrictions, this rule is in compliance for (b) food sensitivities. The form does not have to use the specific words "food sensitivities."

Level 1 Noncompliance if lack of information on a health assessment resulted in an emergency situation (seizure, allergic reaction, etc.) in which caregivers did not have the needed information.

Level 3 Noncompliance otherwise.

- (5) The provider shall ensure that each child's health assessment is reviewed, updated, and signed or initialed by the parent at least annually.**

Rationale / Explanation

Admission of children without this information can leave the center unprepared to deal with daily and emergency health needs of the child. CFOC, 3rd Ed. pgs. 80-81 Standard 2.3.3.1

Food sensitivities can result in minor irritations (rashes, loose stools) whereas a true allergy could cause a life-threatening reaction (anaphylaxis, severe asthma attack, hives, etc.).

Enforcement

Always Level 3 Noncompliance.